

Dean's Message

Because the University at Buffalo has never owned a hospital, the UB School of Medicine and Biomedical Sciences—now 160 years old—has the distinction of being one of our country's oldest and most well established community-based medical schools.

As many of you know, there are both advantages and disadvantages inherent in this structure.

One obvious advantage is that professors who teach in our medical school operate their clinical practices in hospitals and clinics throughout Western New York, where they bring state-of-the-art care to the populations they serve.

Another advantage—one that has moved to the foreground in recent years—is that by having a community-based medical school, UB avoids the financial risk associated with owning a hospital. In fact, a number of universities, including Georgetown University, Indiana University and the University of Minnesota, to name a few, have recently divested themselves of their hospitals for this reason.

On the other hand, a disadvantage to being a community-based medical school is that because our 450 full-time clinical faculty have practices that are disbursed throughout the region, patients do not identify them as UB physicians.

Furthermore, because UB physicians belong to one of 18 clinical practice plans depending on their area of specialty and UB departmental affiliation, they *themselves* have not identified as a group. The result is that their efforts have not been optimally coordinated in terms of patient referrals, sharing of resources for clinical and basic research, the teaching of students and residents, and the recruitment of faculty.

UB physicians have known for many years—decades even—that if they could more efficiently coordinate these various functions they would better serve patients in our region. They also have realized that such a move would require a “sea change” in the collective culture of their practice plans.

I am pleased to announce that just such a change was initiated on December 5, 2005, when David Dunn, MD, PhD, vice president for health sciences at UB, announced the launch of UBMD as a way to “brand” as one group what had formerly been a loose federation of our faculty's 18 clinical practice plans.

Now, when patients in the community see the UBMD logo, whether it be on their physician's white coat, a lapel pin or a coffee mug, they will associate their care with UB medical school professors. By working together under the brand of UBMD, UB professors practicing medicine in our community will function within a multi-specialty model that will benefit all patients they treat.

If you want to learn more about UBMD, I suggest you visit its web site at <http://www.ubmd.com>.

I am also pleased to announce that the renovation and upgrade of the Clinical Competency Center is now complete. Thanks to philanthropic gifts from alumni and friends, the new center is equipped with advanced technology and customized software that puts UB's medical school in a leadership position for clinical skills training. In fact, because of the modifications we requested from the center's software vendor, UB has become the model for other SUNY medical schools, and the vendor has expressed interest in replicating the package for medical schools across the country. Details about the ribbon-cutting ceremony on December 8 will be published in the next issue of *Buffalo Physician*, with an article describing the center's new technology to follow in the summer issue. To those of you who made gifts to the center's renovation, thank you for your support.



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LETTERS TO THE EDITOR

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